

INVENTOR INFORMATION

Inventor One Given Name:: Mark
Family Name:: LEUNG
Postal Address Line One:: 1153 Queen Street West, Unit 208
Postal Address Line Two::
City:: Toronto
State or Province:: Ontario
Country:: Canada
Postal or Zip Code:: M6J 1J4
City of Residence:: Toronto
State or Province of Residence:: Ontario
Country of Residence:: Canada
Citizenship Country:: Canadian

Inventor Two Given Name:: Kris
Family Name:: SHAH
Postal Address Line One:: 5102 Durie Road
City:: Mississauga
State or Province:: Ontario
Country:: Canada
Postal or Zip Code:: L5M 2C7
City of Residence:: Mississauga
State or Province of Residence:: Ontario
Country of Residence:: Canada
Citizenship Country:: Canadian

Inventor Three Given Name:: Frank
Family Name:: BAYLIS
Postal Address Line One:: 358 Robin Avenue
Postal Address Line Two::
City:: Beaconsfield
State or Province:: Quebec
Country:: Canada
Postal or Zip Code:: H9W 1R8
City of Residence:: Beaconsfield
State or Province of Residence:: Quebec
Country of Residence:: Canada
Citizenship Country:: Canadian

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988
Fax One:: (416) 216-3930

APPLICATION INFORMATION

Title Line One:: INTRADISCAL LESIONING DEVICE
Title Line Two::
Title Line Three::

[illegible]